

**Kansas Department for Aging and Disability Services
Survey, Certification, and Credentialing Commission
Residential Licensed Only Adult Care Homes (Licensed under NF)**

RESIDENT ROSTER

Administrator, Operator, or Designee

Please complete this form **within the first hour of receipt** and return it to the Surveyor.

Please list all residents currently living in the facility and place (Y) for Yes or (N) for No in the box to identify their current status as of today.

UNIT APT NO.	RESIDENT NAME	GIVES OWN MEDS	INSULIN INJECT	BED RAILS	USES INCONT PROD	CATH	TWO PERS TRANSF	FALL IN LAST 180 DAYS	OUTSIDE PROVIDER	ASST TO TOILET	ASST TO BATH	IMPAIRED COG STATUS	SKIN PROB	SPEC TREAT MENT